

## MENTAL HEALTH UPDATE

August 28, 2008

### *Pieces Of History In Vermont Mental Health*

*The “Pieces of History” series in the Mental Health Update will describe key events and significant policy milestones in the evolving Mental Health Systems of Care; thus, connecting our past to the present.*

**1950** Psychiatric technicians at the Vermont State Hospital enrolled for the first time in the newly established VSH School of Psychiatric Technology in 1950. Developed by Vera Hanks, R.N., the Director of Nursing, the curriculum changed over the years as the demands of patient care evolved. In an era when VSH was a much larger hospital than it is today, and there were few nurses, psychiatric technicians were required to learn the fundamentals of nursing, human anatomy and physiology, pharmacology, behavioral science, psychiatric technology, group process, and other areas of the curriculum over a three-year period. Twenty-five years after its establishment, the school was re-dedicated as the Vera Hanks School of Psychiatric Technology. By 1976, more than 300 VSH staff had graduated, earning diplomas and advancement in the State’s job classification for Psychiatric Technicians. The school was nationally recognized as the best in the country. This strong tradition of nursing education continues today at the Vermont State Hospital. Now under the auspices of Nursing Education, all Psychiatric Technicians are required to complete 200 hours of class and orientation time on the hospital’s units. To advance up the clinical ladder to Associate Psychiatric Technician, staff must complete an additional 221 hours of class that includes fundamentals of psychiatric patient care, mental illness and treatment, therapeutic communication skills, pharmacology, advanced therapeutic communication, and other classes. The Vera Hanks School of Psychiatric Technology had over 500 graduates by the year 2004, and will have another class graduate this fall.

#### **New Public Education Initiative on Mental Health and Recovery Focused on Young Adults**

Vermont Psychiatric Survivors (VPS) recently received a grant award from the Substance Abuse and Mental Health Services Administration (SAMHSA) *Campaign for Mental Health Recovery* program to develop and provide public education about mental illness

and recovery to young people in the 18-25 year-old age range. VPS plans to recruit consumers from this age group who wish to be ambassadors for their peers - those who wish to speak publicly about their experiences with mental health or substance abuse difficulties in order to promote public awareness and break down stigma. Although such programs already exist for adult mental health and substance abuse service consumers, young people between 18-25 years old have traditionally been underserved and subject to stigma that inhibits their ability to seek help. Specifically, the grant will be used to recruit and train young consumers to tell their stories in the public arena in one of three ways:

- through public speaking engagements
- by the creation of media materials to be broadcast on radio and television
- by the creation of a traveling art show with displays created by young consumers who communicate their experiences through art

Over the next several weeks, VPS will be forming an advisory committee made up of mental health and substance abuse service consumers, advocates and professionals to guide the project. This committee will be responsible for guiding the campaign's thematic direction, recruiting young consumers and coordinating production and broadcast of media materials. In addition, the committee will offer training opportunities to participants in general public speaking and effective ways of telling their stories.

Anyone interested in serving on the advisory committee, recommending consumer ambassadors or otherwise aiding this project should please contact Chris Lizotte at [chrislizotte@gmail.com](mailto:chrislizotte@gmail.com) or (617) 650-7670.

## **ADULT MENTAL HEALTH**

### **New Adult Mental Health Director Hired**

Dr. Patricia Singer will join the Department of Mental Health as its Adult Mental Health Director on September 29th. Dr. Singer graduated from Dartmouth College, majoring in Psychology in 1979, and from Dartmouth Medical School in 1992. She completed her psychiatry residency in public community psychiatry in 2000. Dr. Singer has served as a consultant to the Behavioral Health Services Division for the New Mexico Department of Health since November, 2002. A significant focus of her work has been on co-occurring disorders treatment and evidence-based practices development for the state. She has served as a co-leader of the New Mexico Co-Occurring Disorders Police Academy, liaison to the University of New Mexico Public Psychiatry Program, and earlier worked with the City of Albuquerque as a consultant for Assertive Community Treatment. From 2000-2002, Dr. Singer also worked as a Project Manager for the Evidence-based Practice Project at the New Hampshire Dartmouth Psychiatric Research Center. The Department of Mental Health looks forward to the expertise Dr. Singer will bring to the Vermont community mental health treatment system in the coming years. Please join us in welcoming our new colleague to Vermont.

## **CHILDREN'S MENTAL HEALTH**

### **Trauma-Informed Care in the Children's Mental Health System Conference to be Held on September 9<sup>th</sup>**

The Department of Mental Health's Child, Adolescent & Family Unit (CAFU) is sponsoring a conference on *Trauma-Informed Care in the Children's Mental Health System* on September 9, 2008 at the Capital Plaza in Montpelier. This training is the kick-off event for the ARC Project (Attachment, Self-Regulation & Competencies), a year-long training and consultation project on the ARC framework of trauma treatment with children & families

It is imperative that trauma-specific services be embedded within a trauma-informed system for the greatest impact on children, families & communities. At the September 9 training, DMH leadership will briefly discuss the Trauma Project and the importance of having a trauma-informed service system. AHS Trauma Coordinator Sherry Burnette and WCMH LINC'S Program Director Margaret Joyal will then provide training on trauma, elements of a trauma-informed system, and the process of conducting an agency self-assessment of Trauma-Informed Care. This conference will target Designated Agency Children's Mental Health staff and Special Service Agency staff (participants in the ARC Project and agency leadership) as well as community partners who are stakeholders in creating Vermont's trauma-informed system.

Registration for the conference will occur by invitation through the Designated and Special Service Agencies Children's Programs. For more information about the conference or the ARC Project, contact Laurel Omland at DMH: [lomland@vdh.state.vt.us](mailto:lomland@vdh.state.vt.us) or 802-652-2037.

### **Success Beyond Six – Behavioral Interventionist Workgroup**

One of the key findings of the 2007 Legislative Study Committee on Vermont's Success Beyond Six Initiative was the need to define quality standards for behavioral interventionists. In response to this finding, DMH has convened a workgroup to develop statewide standards concerning:

- How behavioral interventionists are utilized, trained and, supervised
- What practice models are used
- What outcomes are expected from the use of behavioral interventionists

The workgroup convenes on August 29, 2008 when two of the community mental health centers currently using behavior interventionists will present their program standards. The group will hear from other community mental health centers with behavioral interventionists during subsequent meetings and will then begin to create standards based on current best practice. Workgroup progress will be highlighted in future *Bi-weekly Updates* and will also be posted to the DMH website.

## ***FUTURES PROJECT***

### **Care Management Program Visits**

The New England Partners consulting team began a series of program visits in early August to gain an understanding of who we are and how we all work together. So far, they have met with two community hospitals, Vermont State Hospital, two crisis bed programs, the Care Management Steering Committee, and the Transformation Council. They had a full discussion with a group of NAMI family members, and a meeting with the DMH Acute Care Team. Meetings in September include Rutland Regional Medical Center, the new crisis stabilization/hospital diversion program of Rutland Mental Health, consumers in the Rutland area, the Windham Center and other programs in Springfield. The site visits are helping the consultants identify the similarities and differences among inpatient psychiatric units and crisis stabilization programs. At Central Vermont Medical Center, unavailability of group home beds, waiting lines to see a psychiatrist, community resources for geriatric patients, and the ability to manage acutely ill patients were cited as factors affecting the flow of patients through the system of care. Home Intervention has been used to reduce VSH admissions since the program opened in 1989 and primarily serves individuals in the Washington County Mental Health Services catchment area. Crisis bed programs across the state could subscribe to level of care criteria while also maintaining some diversity, according to the discussion. Standards of care are needed, say the NAMI families who spoke with the consultants. There is not enough assessment, follow up, or coordination of care among crisis bed, inpatient, and residential programs as compared to the general health care system. Families stressed education as critical to achieving consistent standards of care across the levels of care, recommending statewide implementation of the robust training program that educates Psychiatric Technicians at VSH. The consultants noted that many family members report experiencing a disconnect between mental health and corrections.

The Care Management Steering Committee will meet monthly for the project's duration. At the August meeting, the group maintained a focus on the care management principles developed in 2006 to guide movement of clients through the system of care. Using the principles as a framework, the consultants asked what is the important concept for each principle, what is working well, and where are the problems. See principles on DMH website: <http://healthvermont.gov/mh/futures/documents/Caremgmtprinciples.pdf>

**The Care Management Steering Committee will meet September 16 from 10:00 to 12:00 at Health Care and Rehabilitation Services (HCRS) in Springfield.** By then, the consultants will report on models of care that they have researched and share issues that have emerged in the course of their meetings in Vermont. For more information, contact Judy Rosenstreich at [jrosen@vdh.state.vt.us](mailto:jrosen@vdh.state.vt.us) or 802-652-2023.

### **Consumers to Meet with Care Management Consultants**

The New England Partners will meet September 18 with Vermont Psychiatric Survivors in Rutland to discuss the considerations important to a care management system design from the perspective of consumers. The meeting is from 4:00 to 6:00 p.m. at a location to be determined. Call VPS at 1-800-564-2106 for details.

### **Transformation Council**

This month's meeting of the Transformation Council was the first opportunity for the Care Management consultants to meet with members for discussion of their work to date. The minutes provide a good summary of the Council members' feedback on the care management project. Commissioner Michael Hartman also briefed the Council on the recent budget reductions affecting programs across state government, including mental health. The minutes are posted on the DMH website at <http://healthvermont.gov/mh/futures/TransformationCouncil.aspx>

## **VERMONT INTEGRATED SERVICES INITIATIVE (VISI)**

### **Upcoming Third Annual Peer Conference**

Save the date for the upcoming Third Annual Peer Conference *Walk a Mile in My Shoes: Bridging Peer Supports and Treatment Services* to be held on September 26 at the Holiday Inn in Rutland. To register, please contact Patty Breneman at [pbrenem@vdh.state.vt.us](mailto:pbrenem@vdh.state.vt.us) or (802) 652-2033.

### **Public Input Sought on DRAFT Policy:**

### **Department of Mental Health (DMH) and the Alcohol and Drug Abuse Programs' (ADAP) Joint Policy Expectation on Screening**

#### **Background**

This is the first in a series of policy memoranda that will be issued jointly by ADAP and DMH in support of the implementation of the AHS Policy on the implementation of a Co-occurring Capable System of Care for individuals and families with co-occurring mental health and substance use conditions in the state of Vermont. These memoranda are intended to provide consistent policy direction to providers, clinicians, consumers and families about all aspects of clinical practice that relate to co-occurring capability. Further, these memoranda are intended to be a vehicle by which ADAP and DMH can communicate to the field in an "integrated" manner, demonstrating that we are all moving together, in partnership, to achieve a common vision.

These policy memoranda are informed by the activities of the Vermont Integrated Services Initiative, and specifically by the VISI Clinical Practices Committee. It is the intention of DMH and ADAP that this policy memorandum be carefully reviewed by a wide array of stakeholder representatives in an organized process that includes the VISI Clinical Practices Committee, the 26 VISI Change Teams, and the VISI Forum. Through these guidelines, we hope to affect front line clinical best practice and match practice to the needs and desires of consumers and families working toward recovery.

This policy memorandum addresses welcoming, access and integrated screening, since these are critical elements of a system with "no wrong door" for people with complex needs. Subsequent memoranda will address integrated assessment, treatment planning, recovery planning, stage matched interventions, skill based interventions, peer support and other topics.

Please let us know your thoughts and comments on the following Draft Policy by e-mailing [pdragon@vdh.state.vt.us](mailto:pdragon@vdh.state.vt.us)

## **JOINT POLICY RECOMMENDATION: DRAFT**

All programs funded or licensed by DMH and/or ADAP are expected to meet the following standards

- Welcoming: There will be policies, procedures, and staff competencies developed to ensure that individuals and families with co-occurring conditions and other complex needs are proactively welcomed for care wherever and whenever they present. Each program will engage in continuous quality improvement activities to make progress in welcoming.
- Access: All programs within their capacity, scope of worked and funding limitations will engage in a process to reduce and eventually eliminate any barriers to access based on arbitrary criteria related to co-occurring mental health and substance use conditions. (Examples of these types of barriers include but are not limited to: In a Mental Health program, requiring a certain length of sobriety before evaluation; In an substance use program, exclusions based on category of medication or psychiatric diagnosis)
- Screening Process: All programs are expected to have an organized process for integrated screening for all clients. The components of this process are defined by the Users Guide developed by the VISI Clinical Practices Committee. (<http://www.healthvermont.gov/mh/visi/documents/visiusersguide06-2008.pdf>) The components include a definition of screening, a description of the process and outcome of screening, and a list of vetted tools that can be appropriately used for screening various populations in various settings. Based upon the User's Guide, we want to emphasize the following points:

1. Screening is more than simply filling out a tool. Programs should demonstrate a screening process.
2. The measurable outcomes of a screening process include the ability to collect data concerning how many clients and families have been positively screened, and whether they received an appropriate clinical assessment or intervention as a result.
3. Filling out a screening tool is NOT necessary if it is already well established that the client has a co-occurring disorder.
4. There is no one standard tool that is advisable or recommended for the entire state. Each program should use the tool or tools that fit the needs of that program
5. For those programs that are required by ADAP to use the GAIN or ASI, those tools alone can qualify as integrated screeners. However, it is encouraged that programs using the ASI consider using more detailed screening tools such as the Mental Health Screening Form III.
6. DMH and ADAP will continue to work on mechanisms to reduce redundant paperwork for Community Mental Health agencies and Preferred Providers.

## **Conclusion**

The VISI Program welcomes all providers and stakeholders to join us in a continuing partnership to improve the quality of our services for individuals and families with co-occurring conditions.

### **VISI Resources**

Please check out the VISI website at <http://healthvermont.gov/mh/visi/index.aspx>

The VISI Resource Book with co-occurring information for consumers is now on the website or you can e-mail or call Patty Breneman at [pbrenem@vdh.state.vt.us](mailto:pbrenem@vdh.state.vt.us) or 652-2033. They are a great addition to a waiting room or as handouts to consumers, peers, and family and support people.

## **VERMONT STATE HOSPITAL**

### **New Treatment Mall Named *New Directions Pavilion***

VHS has completed its work on developing a new treatment mall, space specifically designed for group and individual therapeutic services. This space, named the New Directions Pavilion, will open on September 15 within the same secure perimeter as the Brooks Building. It will be dedicated to providing patients with a setting for individual and group activities during blocks of time each day. This non-residential treatment space will allow patients greater opportunities for social interactions, a broader range of therapeutic services and a chance to practice new skills in an environment that better approximates life outside of VSH. In addition to individual and group activities, the New Directions Pavilion can accommodate patient visitors, individual appointments for patients, treatment plan meetings, and a common work space to facilitate collaboration between VSH staff. Members of all hospital disciplines, therapeutic and recovery Services, nursing, social work, medical staff as well as community volunteers will be involved in providing services to patient in this area.

VSH will hold a series of Open Houses in early September to familiarize patients, staff, and the public with this new treatment venue. If you are interested in attending the public Open House, please contact Patrick Kinner, VSH Director of Therapeutic and Recovery Services, at [pkinner@vdh.state.vt.us](mailto:pkinner@vdh.state.vt.us).

### **Leadership Training Offered on SAMHSA's *Preventing Violence, Trauma, and the Use of Seclusion and Restraint in Mental Health Settings***

A two-day training on the Substance Abuse and Mental Health Services Administration's strategies for *Preventing Violence, Trauma, and the Use of Seclusion and Restraint in Mental Health Settings* will take place on Monday October 27<sup>th</sup> and Tuesday October 28<sup>th</sup>, 2008. The training will be held at the Sheraton Hotel and Conference Center, Burlington, and will tentatively run from 8:00 am to 5:00 pm.

This event was arranged especially for Vermont State Hospital staff and the Seclusion and Restraint Reduction Interventions (SRRI) Advisory Council to VSH by the National Executive Training Institute (NETI) and the National Association of State Mental Health Program Directors (NASMHPD). This activity is an essential part of a SAMHSA grant received by DMH last year, the purpose of which is to reduce the use of restraint and seclusion at both VSH and the Brattleboro Retreat.

This training is open to any person who is directly or indirectly involved in the grant implementation process or interested in the reduction of seclusion and restraint at the VSH. This includes; direct care staff, supervisors, hospital leadership, consumers, family



members of consumers and advocates. Participation in this training will enable those involved in implementing this project to acquire a similar language, experience a common event and communicate more clearly and concisely about the initiative.

Please contact Ed Riddell at VSH;  
802-241-3203 or [eriddell@vdh.state.vt.us](mailto:eriddell@vdh.state.vt.us) if you are interested in attending this training.

### ***VERMONT STATE HOSPITAL CENSUS***

The Vermont State Hospital Census was 44 as of midnight Wednesday. The average census for the past 45 days was 44.3.